

1. INITIATOR'S NAME/ORG:		DEVIATION/WAIVER APPROVAL REQUEST (DAR)		2. PCN:		3. DATE:	
4. DAR NUMBER:		5. REVISION:		6. DEVIATION <input type="checkbox"/> WAIVER <input type="checkbox"/>		7. CONTRACT NUMBER:	
8. PART NUMBER/DOCUMENT NUMBER:		9. PART/DOCUMENT DESCRIPTION:					
10. DAR TITLE:							
11. REJECTION DOCUMENT NUMBER:		12. SERIAL NUMBER(S):		13. LOT NUMBER:		14. QUANTITY:	
15. SUPPLIER OR SUBCONTRACTOR NAME AND ADDRESS:				16. CONFIGURATION ITEM EFFECTIVITY:			
17. SPECIFIED REQUIREMENTS:							
18. DESCRIPTION OF DEPARTURE FROM REQUIREMENTS:							
19. JUSTIFICATION FOR DAR:							
20. ENVIRONMENTAL IMPACT: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", explain below or on MSFC Form 847-1)							
21. CORRECTIVE ACTION TAKEN: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", explain below or on MSFC Form 847-1)							
22. ICD AFFECTED: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", explain below or on MSFC Form 847-1)							
23. FMEA/CIL AFFECTED: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", explain below or on MSFC Form 847-1)							
24. CONTRACT COST IMPACTS: COST ADJUSTMENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain below or on MSFC Form 847-1) -- Explanation required whether yes or no.							
25. CONTRACTOR CERTIFICATION: THE CONTRACTOR HEREBY CERTIFIES THAT THE ABOVE DESCRIBED DAR IS A DEPARTURE FROM THE CONTRACTUAL REQUIREMENTS IN THE QUANTITIES AND/OR CONDITIONS AS STATED ABOVE. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ SIGNATURE OR APPROVING AUTHORITY OF AUTHORIZED REPRESENTATIVE </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>							
26. RESIDENT GOVERNMENT QUALITY REPRESENTATIVE: <input type="checkbox"/> CONCURRENCE <input type="checkbox"/> NONCONCURRENCE COMMENTS: (Explain below or on MSFC form 847-1): <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ SIGNATURE OR APPROVING AUTHORITY OF AUTHORIZED GOVERNMENT QUALITY REPRESENTATIVE </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>							
27. MSFC CCBd NUMBER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> APPROVED SUBJECT TO CONDITIONS PER CCBd NUMBERED ABOVE		29. CONTRACTING OFFICER'S APPROVAL: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> APPROVED SUBJECT TO CONDITIONS STATED BELOW OR ON MSFC FORM 847-2 IMPLEMENTATION OF THIS DAR: <input type="checkbox"/> SHALL PROCEED <input type="checkbox"/> SHALL NOT PROCEED					
28. Contracting Officer's Technical Representative (COTR): <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ SIGNATURE OR CONCURRING OFFICIAL </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>		<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; text-align: center;"> _____ SIGNATURE OR APPROVING AUTHORITY </div> <div style="width: 33%; text-align: center;"> _____ DATE </div> <div style="width: 33%; text-align: center;"> _____ CONTRACTOR NAME </div> </div>					

DEVIATION/WAIVER APPROVAL REQUEST (DAR) MSFC FORM 847, PREPARATION INSTRUCTIONS

NOTE: In some electronic systems producing the DAR form (MSFC Form 847), the blocks are completed without the use of continuation or subject to conditions pages (MSFC Forms 847-1 and 847-2).

The following instructions refer to the numbered blocks on the DAR, MSFC Form 847. If additional space is required, MSFC Form 847-1 will be used to continue any block number. Reference the number of the block continued.

BLOCK 1 - INITIATOR'S NAME AND ORGANIZATION. For MSFC in-house generated DARs, enter the initiator's name and organizational mail code. For contractor or other Government organizations, enter the initiator's name and the name, address, and phone number of the organization/contractor submitting the DAR.

BLOCK 2 - PROGRAM CONTROL NUMBER (PCN). The configuration control board secretariat will assign and enter the PCN.

BLOCK 3 - DATE. Enter date the form is prepared.

BLOCK 4 - DAR NUMBER. For MSFC in-house generated DARs, enter the DAR number as assigned by the Release Desk. In some electronic systems, the DAR number will be printed at the top of each page for reference. The numbering systems established by contractor or other Government organizations will be used for contractor or other Government organization DARs.

BLOCK 5 - REVISION. Leave blank for an original DAR issuance. DAR revisions shall be identified by A, B, C, D, etc. All revisions to a DAR subsequent to submittal for processing require a revision to the submitted version. When a revision entry is made in this block, the following statement must be entered in Block 18: "This revision supersedes DAR No. _____ [include revision if applicable] in its entirety."

BLOCK 6 - DEVIATION OR WAIVER. Check one box based on the definitions of a deviation and a waiver.

BLOCK 7 - CONTRACT NUMBER. For in-house projects, leave blank. For contract-related DARs, enter the contract or purchase order number.

BLOCK 8 - PART NUMBER/DOCUMENT NUMBER. Enter part number, assembly number, or document number.

BLOCK 9 - PART/DOCUMENT DESCRIPTION. Enter description of the document, affected part, or configuration item identified by the entry in Block 8.

BLOCK 10 - DAR TITLE. Enter a title that is descriptive of the nonconformance.

BLOCK 11 - REJECTION DOCUMENT NUMBER. Enter the identification of the instrument recording the nonconformance that caused a rejection of the product (hardware, software, or firmware).

BLOCK 12 - SERIAL NUMBER(S). - Enter the serial number(s) of the item(s), if applicable.

BLOCK 13 - LOT NUMBER. Enter the lot number of the item(s), if applicable.

BLOCK 14 - QUANTITY. Enter the quantity of items affected by the DAR.

BLOCK 15 - SUPPLIER OR SUBCONTRACTOR NAME AND ADDRESS. Enter the item supplier or subcontractor, if applicable.

BLOCK 16 - CONFIGURATION ITEM EFFECTIVITY. Enter the serial number(s) of the configuration item(s) that will contain or utilize the product(s) authorized by the approved DAR.

BLOCK 17 - SPECIFIED REQUIREMENTS. State the drawings, specifications, or other baseline data requirements being deviated from or waived.

BLOCK 18 - DESCRIPTION OF DEPARTURE FROM REQUIREMENTS. Describe the requested departure from the specified requirements. Describe the nonconformance as completely as possible showing the extent of the departure. Attach or, in some electronic systems, specify locations of sketches if required for clarification. The actual difference between the specified requirements and the variation shall be readily discernible.

BLOCK 19 - JUSTIFICATION FOR DAR. Enter the supporting rationale for the DAR. Include the safety impact statement that identifies the hazard documentation affected, reflects any associated risks, and indicates if baseline hazard/critical item list (CIL) documentation update is necessary.

BLOCK 20 - ENVIRONMENTAL IMPACT. Check either the "Yes" or "No" block indicating whether acceptance or disapproval of the deviation or waiver will result in an environmental impact. If "Yes," provide details.

BLOCK 21 - CORRECTIVE ACTION TAKEN. Check either the "Yes" or "No" block indicating whether corrective action has been taken. If "Yes," describe the action taken to resolve the need for the waiver or deviation in future applications.

BLOCK 22 - ICD AFFECTED. Check either the "Yes" or "No" block as to whether an ICD is affected by this DAR. If "Yes," define the details of the impact on the product's interfaces.

DEVIATION/WAIVER APPROVAL REQUEST (DAR) MSFC FORM 847, PREPARATION INSTRUCTIONS (CONCLUDED)

BLOCK 23 - FMEA/CIL AFFECTED. Check either the "Yes" or "No" block as to whether the Failure Mode and Effects Analysis (FMEA)/Critical Items List (CIL) is affected by this DAR. If "Yes," provide analysis as to how the FMEA/CIL is affected by this DAR.

BLOCK 24 - CONTRACT COST IMPACTS. - For MSFC-generated DARs, leave blank. For contractor-submitted DARs, check "Yes" or "No" as to whether there are cost impacts/cost adjustments. If "Yes," provide estimated cost benefits to the Government if the DAR is approved. If "No," provide justification why there is not a cost benefit to the Government.

BLOCK 25 - CONTRACTOR CERTIFICATION. Authorized representative signs and dates this block or, in the controlled electronic system, electronic approval and date approved are indicated to certify that the information described in the DAR is a departure from contractual requirements in the quantities and/or conditions stated in the DAR.

BLOCK 26 - RESIDENT GOVERNMENT QUALITY REPRESENTATIVE. For MSFC-generated DARs, this block shall be completed by the Quality representative assigned to the project. For contractor-generated DARs, the block shall be completed by the resident Quality Assurance Representative (QAR). Check "Concurrence" or "Nonconcurrence"; if "Nonconcurrence" is checked, enter comments. The block shall be signed and dated or, in the controlled electronic system, electronic approval and date approved are indicated.

BLOCK 27 - MSFC CCBD NUMBER. The CCB shall address cost adjustments. The configuration control board secretariat shall enter the configuration control board directive (CCBD) number and complete the block. In a non-electronic process, attach the CCBD to this form.

BLOCK 28 - CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (COTR). For contract-related DARs, the COTR shall sign and date to indicate concurrence. For in-house Programs/Projects, leave blank.

BLOCK 29 - CONTRACTING OFFICER'S APPROVAL. For contract related DARs, this block shall be completed, signed, dated, and the contractor's name entered by the contracting officer or authorized representative; or, in the controlled electronic system, electronic approval and date approved are indicated. If "Approved Subject to Conditions" is checked, check either that "Implementation of this DAR shall proceed" or "Implementation of this DAR shall not proceed." For MSFC in-house Program/Project DARs, leave blank.

PAGE NUMBER - The page number of the individual page and the total number of pages in the DAR shall be shown at the bottom center of each page (for example, 1 of 3, 2 of 3, 3 of 3, etc.).